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or <u>Fax</u>

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(Signature (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/619,540	07/19/2000	Katsuhiko Nagasaki	862.C1956	2252

TITLE OF INVENTION: INFORMATION PROCESSING APPARATUS, CONTROL METHOD THEREFOR, AND COMPUTER-READABLE MEMORY

APPLN. TYPE	APPLN. TYPE SMALL ENTITY		EE	PUBLICATION FEI		TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	nonprovisional NO		X X XXXX \$1400			XXXXX \$1400		02/18/2005		
EXAMINER		ART UNIT		CLASS-SUBCLASS	SUBCLASS		-			
RAHMJOO, MANUCHER				345-649000						
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNED	tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of	Correspondence stion form e of a Customer E PRINTED ON T clow, no assignee of this form is NOI	(1) the narror agents (2) the narregistered 2 registered listed, no remainded the PATENT data will apper a substitute (1) RESIDENC	4 71 /	ng as a ne name nts. If reasons assigne 02/17 R COU 01 FC	member a es of up to no name is	2_Harpe)70 09619540 1400.00 OP		
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Authorized Signature	Whelefull	Offe	uil	Date _	4		4,0005			
Typed or printed name N	Michael K. O'	Neill		Registr	ration N	io. <u>32,</u>	622			

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